

## CSCT Program Audit Checklist

For the Comprehensive School and Community Treatment Program, school districts and cooperatives retain responsibility for ensuring that all program requirements are met. School districts/cooperatives may not be in compliance if any statement below is check “No.”

<b>Program Approval</b> – The school district/cooperative or the mental health center with whom the district/cooperative is contracting with, is responsible to submit a plan to the Montana DPHHS for approval. CSCT providers must follow the Administrative Rules of Montana and the policy manual related to these services as set forth by the Department of Public Health and Human Services (DPHHS).			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Has the school district/cooperative identified a primary contact person at the mental health center that is providing the CSCT program services?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Has the school district/cooperative or the mental health center submitted a CSCT program description manual to the Montana DPHHS for approval prior to providing CSCT services? (DPHHS Approval or Certification Letter)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Has the school district/cooperative or the mental health center submitted the CSCT program address and CSCT staff form to the Montana DPHHS for approval prior to providing services? (Forms can be obtained from DPHHS.)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Does the school district/cooperative have a signed contract with the mental health center that provides CSCT services? (A copy of the contract must be submitted to DPHHS for program approval.)
<b>Service/Billing Documentation</b> – Services provided through the CSCT program must be documented in the same manner as all other services included in the Montana School-Based Services Program. The only exception is that services in this program can be provided to both students with or without special education needs or services being included on a student’s IEP.			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Is an individual plan in place to provide CSCT services for each student (either an IEP or a CSCT service plan)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Does the CSCT program maintain records on the students’ attendance in school and attendance in the CSCT program?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Is the billing documentation accurate for services performed (including student name, date of service, duration of service, type of service and notes that show progress toward student goals)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Does CSCT program staff keep daily detailed records on services provided through the program?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Does the CSCT program staff maintain weekly summaries of students’ progress?

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<b>Certification of Match</b> – School districts/cooperatives are responsible to certify non-federal match for services provided to students that do not have CSCT services included on their IEPs.			
___ Yes	___ No	___ N/A	Does the school district/cooperative maintain documentation of costs incurred by the CSCT program?
___ Yes	___ No	___ N/A	Are the documented costs greater than the Medicaid funding provided (by at least the amount of the amount required for certification of match)?
___ Yes	___ No	___ N/A	Can the school district/cooperative demonstrate that there is enough state/local funds being expended by the district that: <ul style="list-style-type: none"> <li>• Are not used to match other federal funds being received,</li> <li>• Are not IDEA funds or state special education funds, and</li> <li>• Are not Medicaid dollars?</li> </ul>
___ Yes	___ No	___ N/A	Has the school district/cooperative maintained a budget or work papers that verify the certification of match documentation?
<b>Free Care Rule</b> – For CSCT programs that are providing services to students with severe emotional disturbances that do not have services documented on the IEP the school district/cooperative must ensure that they are following the free care rule.			
___ Yes	___ No	___ N/A	Is the CSCT program offered to students based on service needs, regardless of the students' Medicaid eligibility status?
___ Yes	___ No	___ N/A	If the school district/cooperative provides services to students that do not have CSCT services included on the IEP, has a sliding scale been developed for CSCT services?
___ Yes	___ No	___ N/A	Has the school district/cooperative identified all third parties that may be financially responsible for services provided that are not included in a student's IEP?
___ Yes	___ No	___ N/A	Has the CSCT program billed the third parties that are financially responsible for services, including the students' insurers or their parents?
<b>Program Documentation</b> – The school district/cooperative must have access to any CSCT program records that may be audited.			
___ Yes	___ No	___ N/A	Has the school district/cooperative developed a program area for CSCT in the accounting system?
___ Yes	___ No	___ N/A	Has the school district/cooperative booked revenues and expenditures for the CSCT program?
___ Yes	___ No	___ N/A	Is documentation retained for a period of six years and three months from the date of service?
___ Yes	___ No	___ N/A	Are all service documentation records available at a central district location or available for audit?